

PATENT  
450100-4982

UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant(s) : Akira OGINO et al.

Serial No. : 09/351,399

For : INFORMATION-SIGNAL PLAYBACK SYSTEM,  
INFORMATION-SIGNAL READING  
APPARATUS, INFORMATION-SIGNAL  
PROCESSING APPARATUS, INFORMATION-  
SIGNAL PLAYBACK METHOD,  
INFORMATION-SIGNAL READING METHOD  
AND INFORMATION-SIGNAL PROCESSING  
APPARATUS

Filed : July 13, 1999

Examiner : H. Sough

Art Unit : 2161

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745 Fifth Avenue  
New York, NY 10151

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addressed to: Assistant Commissioner for Patents, Washington,  
DC 20231, on June 13, 2002.

Dennis M. Smid, Reg. No. 34,930

\_\_\_\_\_  
Name of Applicant, Assignee or Registered Representative

\_\_\_\_\_  
Signature

June 13, 2002

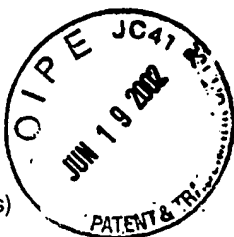
\_\_\_\_\_  
Date of Signature

AMENDMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

In response to the Office Action dated March 15, 2002, please amend the above-  
identified application as follows:



2161

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450100-4982COPY OF PAPERS  
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Akira OGINO et al.

Serial No. : 09/351,399

For : INFORMATION-SIGNAL PLAYBACK SYSTEM, INFORMATION-SIGNAL READING APPARATUS,  
INFORMATION-SIGNAL PROCESSING APPARATUS, INFORMATION-SIGNAL PLAYBACK METHOD,  
INFORMATION-SIGNAL READING METHOD AND INFORMATION-SIGNAL PROCESSING APPARATUS

Filed : July 13, 1999

Examiner : H. Sough

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ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.☐ The fee has been calculated as shown below.☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

## Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	62	Minus	= 62	0 x	\$18(9)	= \$00.00
Independent claims	12	Minus	= 12	0 x	\$84(42)	= \$ .00
				Total additional fee for this amendment		\$ .00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid \_\_, or is paid herewith \_\_.☐ This response is being filed within the \_\_ first month, \_\_ second month, \_\_ third month, \_\_ fourth month following the expiration of the term originally set therefor, and the fee of \_\_ \$110 (\$55), \_\_ \$400 (\$200), \_\_ \$920 (\$460), \_\_ \$1,440 (\$720) for the requisite extension \_\_ paid herewith.☐ A check in the amount of \$ .00 is attached.☐ Charge \$\_\_ to Deposit Account No. 50-0320.☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents

Washington, D.C. 20231, on June 13, 2002

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

June 13, 2002

Date of Signature

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)By: Dennis M. Smid  
Reg. No. 34,930  
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